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CONFIRMATION NO. 9847

|                             |                                       |              |                        |                                    |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>09/935,403 | FILING DATE<br>08/22/2001<br><br>RULE | CLASS<br>349 | GROUP ART UNIT<br>2871 | ATTORNEY<br>DOCKET NO.<br>0011-046 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

William K. Zuravleff, Mountain View, CA;

\*\* CONTINUING DATA \*\*\*\*\* NO

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NO

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 09/25/2001

|  |                           |                        |                       |                            |
|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Verified and Acknowledged<br>Examiner's Signature <u>Tai Duong</u> Initials <u>TD</u> | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>3 |
|--|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS  
 40972  
 HENNEMAN & SAUNDERS  
 714 WEST MICHIGAN AVENUE  
 THREE RIVERS, MI  
 49093

TITLE  
 Mirror contact pattern for a display device

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>2142 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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